

TELEPHONE NO.:

E-MAIL ADDRESS (Optional):

FAX NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

CHILD'S NAME:

CASE NUMBER:

CHILD'S DATE OF BIRTH:

**PETITION TO OBTAIN REPORT OF LAW ENFORCEMENT AGENCY/JUVENILE
Welfare and Institutions Code, §§ 827.9, 828**

RELATED CASES (if any):

1. Petitioner's name and address (if representing another person, organization, or agency, provide names and addresses):

2. Petitioner's relationship to child (if any):

3. Police department or law enforcement agency possessing records:

Report number:

4. The reasons for this request are:
(Describe in detail. Attach additional pages if necessary.)

☐ Continued on attachment 4.

5. ☐ The *Notice to Child and Parent/Guardian Re: Release of Juvenile Police Records* was served on the child/parent on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Number of pages attached: _____

☐ PETITION GRANTED ☐ PETITION DENIED

☐ ADDITIONAL ORDERS:

Date:

JUDICIAL OFFICER

**PETITION TO OBTAIN REPORT OF
LAW ENFORCEMENT AGENCY/JUVENILE**